07873

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Westminster LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. F. D. # 6 Hook Road	STREET ADDRESS (If rural, give location): R. F. D. # 6 Hook Road

3. NAME OF DECEASED (Type or Print)	(First) Julia	(Middle) Ann Amelia	(Last) Arnold	4. DATE OF DEATH	(Month) Aug. (Day) 11 (Year) 1951
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov.29,1874	9. AGE last birthday: 76 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Carroll County, Maryland	12. CITIZEN OF WHAT COUNTRY: USA		
13. FATHER'S NAME: Frederick Hook	14. MOTHER'S MAIDEN NAME: Julia Spencer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: ----------	17. INFORMANT AND ADDRESS: Lyman U. Arnold R.6 Westminster, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	36 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis General Chronic Rheumatoid Arthritis	
94a	(c) Acute Cholecystitis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Aug 11, 1951, that I last saw the deceased alive on Aug 10, 1951 and that death occurred at 5:00A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Speicher		Westminster Md	8/13/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Aug.14,1951	NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery	LOCATION (City, town, or county): Smallwood (State): Md.
DATE REC'D BY LOCAL REG.: 8/13/51	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: John R. Byers	ADDRESS: Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1951
BUREAU V. S.

07874

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) About 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) New Windsor Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARGARET ERMA BARNES
4. DATE OF DEATH (Month) (Day) (Year) Aug. 27 1951

5. SEX f.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH July 30 1907
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher
10b. KIND OF BUSINESS OR INDUSTRY High School
11. BIRTHPLACE (State or foreign country) Unionville Fred. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James G. Barnes
14. MOTHER'S MAIDEN NAME Florence Whitehill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS John R. Barnes, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
	Immediate cause	(a) Myocardial Failure	Hours
199.8	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital Bilateral Polycystic Kidneys	Life
55e		(c) Carcinoma toxis - Primary lesion not found	month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to Aug 27, 1951, that I last saw the deceased alive on Aug 26, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE James T. Marsh (Degree or title) M.D. ADDRESS Westminster Md. DATE SIGNED 8/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 29. 51
NAME OF CEMETERY OR CREMATORY Lingamore Cemetery
LOCATION (City, town, or county) (State) Unionville Fred Co. Md.

DATE REC'D BY LOCAL REG. 8/28/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. S. Myers Jr. Westminster, Md. ADDRESS

093588

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 30 1951
BUREAU V. S.

07875

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster — LENGTH OF STAY (In this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster District Westminster, R. D. 7	STREET ADDRESS (If rural, give location) Westminster, R. D. 7

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Alice (Last) Baugher				4. DATE OF DEATH (Month) (Day) (Year) 8/11/1951 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 6/24/1872	9. AGE last birthday 79 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Carroll County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Samuel L. Myers			14. MOTHER'S MAIDEN NAME Elizabeth Miller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Edward S. Baugher, Westminster, Md. R. D. 7		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Liver	4 mo
156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease, c̄ Hypertension & Valvular Involvement	several yrs.
46 f	(c) Gangarene Left foot & Rt Hand	2 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1951, to Aug 11, 1951, that I last saw the deceased alive on Aug 10, 1951, and that death occurred at 4:35 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Glenn Speicher	MD	Westminster Md	8/12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/13/1951	NAME OF CEMETERY OR CREMATORY Meadow Branch Cemetery	LOCATION (City, town, or county) (State) Nr. Westminster, Carroll Co. Md
DATE REC'D BY LOCAL REG. 8/12/51	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR J. W. Little & Son, Per R. A. Little	ADDRESS Littlestown, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

07876

1. PLACE OF DEATH
COUNTY TANEYTOWN, CARROLL CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TANEYTOWN, MD. | LENGTH OF STAY (In this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MCKAIG COUNTY FRED. CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) MCKAIG, MD.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	GEORGE	ALONZO	BENNER		8	17	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		~~AUG~~ Jan 4, 1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER		LIBERTYTOWN	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALONZO BENNER	ELIZA VIRGINIA MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		DR. CHANDUS BENNER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Bladder and Rectum	8 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Ulcerative Colitis	2 yrs.
	(c)	

181X
46d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 17th, 1949, to Aug. 17th 1957, that I last saw the deceased alive on August 17th 1957, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B.M Benner MD. Taneytown Maryland August 17, 1957

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8-20-57	CHAPEL CEMETERY	LIBERTYTOWN MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
August 17, 1957	Mary B. Mitt, Deputy	M. R. ETCHISON & SON Frederick Md.

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. AD-T

RECEIVED
AUG 22 1951
BUREAU V. S.

07877

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester — LENGTH OF STAY (in this place): 69 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): Park Ave

3. NAME OF DECEASED (Type or Print)	(First) Laura	(Middle) Virginia	(Last) Black.	4. DATE OF DEATH	(Month) August (Day) 14 (Year) 1951
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow.	8. DATE OF BIRTH: 9/20/78	9. AGE last birthday: 72 yrs.	If under 1 year: Months 10, Days 24; If under 24 hrs.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Baltimore Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: William Meyers.	14. MOTHER'S MAIDEN NAME: Sarah Hutchinson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service) —	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Clayton LeRoy Black Manchester Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage.	3 days
442 X Antecedent cause(s)	(b) Hypertensive Cardio Renal Vascular disease	?
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from August 10, 1951, to August 14, 1951, that I last saw the deceased alive on August 13, 1951, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph E Bush	MD	Hampstead Md	8/14/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/18/51	Manchester, Cem	Manchester Carroll Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/16/51	Mrs. W. R. Denner	Rudolph B Wine	Manchester Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Vs. A15

RECEIVED
AUG 21 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster; LENGTH OF STAY (in this place) about 5 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster, RD#6
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.#6	STREET ADDRESS (If rural, give location) near Smallwood

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) ELIZABETH	(Last) BLEVINS	4. DATE OF DEATH	(Month) Aug. (Day) 20 (Year) 1951
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 19, 1894	9. AGE last birthday 56 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) worked in a box factory	10b. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) Todd Va. Wash. Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Elijah F. Greer		14. MOTHER'S MAIDEN NAME Jenette Widener			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 214-14-1958	17. INFORMANT AND ADDRESS Bert R. Blevins, Westminster Md, RD#6			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro Vascular Hemorrhage	30 min.
X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	>2 yrs.
	(c) Diabetes Mellitus	>2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

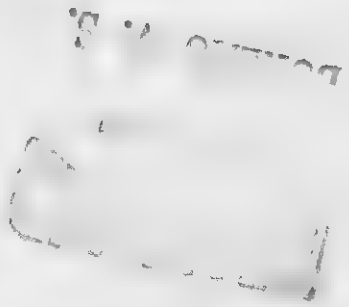
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 1949, to 8/20, 1951, that I last saw the deceased alive on 8/20, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Cellen Moulton	MD.	Westminster Md.	8/20/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 24/51	Deer Park Cemetery	Smallwood, Carroll Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/21/51	[illegible]	J. E. Myers, Jr.	Westminster Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Louisville
LENGTH OF STAY (in this place): 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Louisville
STREET ADDRESS (If rural, give location): R.D. Sykesville

3. NAME OF DECEASED (Type or Print): (First) KATE (Middle) P. (Last) BOONE

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	1-8-1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	own home	Penna.	U.S.

13. FATHER'S NAME: Albert Penrose

14. MOTHER'S MAIDEN NAME: Rebecca Knipple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs. Katherine Barnes, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive cardiovascular disease with — Interval between onset and death: 2 yrs

443X Antecedent cause(s)

730 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclorosis & myocarditis

(c) Senile changes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1935, 19..., to 29th Aug. 1951, that I last saw the deceased alive on 29th Aug., 1951, and that death occurred at 8:35 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Sykesville P.O., Md.	29 August 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-1-1951	Mt. Pleasant	Carroll Co., Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/31/51	[signature]	C. M. Waltz,	Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton; LENGTH OF STAY (in this place): 2 Mos. 19 Das.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location): 429 W. Biddle Street

3. NAME OF DECEASED (Type or Print)	(First) WAYMAN	(Middle) LEE	(Last) BOYD	4. DATE OF DEATH	(Month) August (Day) 5, (Year) 1951
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: June 4, 1897	9. AGE last birthday: 54 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver —	10b. KIND OF BUSINESS OR INDUSTRY: Baker or Barber	11. BIRTHPLACE (State or foreign country): Newburg, South Carolina		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Pank Boyd		14. MOTHER'S MAIDEN NAME: Ilie Chapman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: Lost		17. INFORMANT AND ADDRESS: Deceased	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	September, 1950
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

2X

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1951, to August 5 1951, that I last saw the deceased alive on Aug. 5, 1951, and that death occurred at 5:15 pm., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Henryton, Maryland	8-5-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 8/8/51	NAME OF CEMETERY OR CREMATORY: Mt Auburn	LOCATION (City, town, or county) (State): Balto City, Md
DATE REC'D BY LOCAL REG.: 8-5-51	REGISTRAR'S SIGNATURE: Albert R. Swanhaus	24. FUNERAL DIRECTOR: Frances A Hemsley	ADDRESS: 578 N Biddle St

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1 mth x 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) Rose Hill Drive

3. NAME OF DECEASED (Type or Print) (First) SILVESTER (Middle) (Last) BURROUGHS

4. DATE OF DEATH (Month) August (Day) 24 (Year) 1951

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH November 12, 1905
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Private home
11. BIRTHPLACE (State or foreign country) Charles Co., Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Burroughs
14. MOTHER'S MAIDEN NAME ? Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilat. Cavitary Par Adv., Pul Tub.

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 X (c)

INTERVAL BETWEEN ONSET AND DEATH June, 1951

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1951, to Aug. 24, 1951, that I last saw the deceased alive on Aug. 24, 1951, and that death occurred at 5:40 A.m., from the causes and on the date stated above.

SIGNATURE T.F. Vestal (Degree or title) M.D ADDRESS Henryton, Maryland DATE SIGNED 8/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/27/51
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 8/24/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Frances A Hemsley ADDRESS 5781 Biddle St

Deputy Local

226

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 2yrs.4mths.27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4
STREET ADDRESS (If rural, give location) 407 Virginia Ave.,

3. NAME OF DECEASED (Type or Print) (First) JUANITA (Middle) (Last) BUTLER
4. DATE OF DEATH (Month) August (Day) 25 (Year) 1951
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 24, 1928
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Towson, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Tyler
14. MOTHER'S MAIDEN NAME Florence Smarts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far.Adv. Bilat. Cavitary Pul. -Tbc,

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

INTERVAL BETWEEN ONSET AND DEATH 1946

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 28, 1949, to Aug. 25, 1951, that I last saw the deceased alive on Aug. 25, 1951, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

SIGNATURE T.F. Vestal (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 8/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/29/51
NAME OF CEMETERY OR CREMATORY Pleasant Rest
LOCATION (City, town, or county) Towson (State) Md

DATE REC'D BY LOCAL REG. 8/25/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Samuel W. Sullivan Jr. ADDRESS Balto

Deputy Local 1011 N. Arlington Ave.

83

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Mt.Airy — LENGTH OF STAY (in this place): 25 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylorsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Rural-- Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) ROSA (Middle) E (Last) BYERS

4. DATE OF DEATH: (Month) Aug. (Day) 7, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 9-29-1866

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Franklin

14. MOTHER'S MAIDEN NAME: Martha Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mr. Albert T.Byers, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	4 da
Antecedent cause(s)	(b) Chr. Cardiac Decompensation	15 mo.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chr. Myocarditis	? Yrs

422.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3/51, 19....., to 8/7/51, 19....., that I last saw the deceased alive on 8/6/51, 19....., and that death occurred at 400 A m., from the causes and on the date stated above.

SIGNATURE: Stanley Grabill (Degree or title) M.D. ADDRESS: Mt. Airy, Md. DATE SIGNED: 8/7/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 8-10-1951 — NAME OF CEMETERY OR CREMATORY: Taylorsville — LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: 8-9-51 — REGISTRAR'S SIGNATURE: C M. Farver

24. FUNERAL DIRECTOR: C.M. Waltz, ADDRESS: Winfield, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A13

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg
LENGTH OF STAY (In this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Martin	Crooks	Aug.	9	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Feb, 19, 1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	Linoleum Factory	Carroll County, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		----------	Mrs. Viola Spurrier Finksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Occlusion	8 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertension	
94a (c)	Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-4-30 to 8-9-51, that I last saw the deceased alive on 8-9-51, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 8-9-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 11, 1951	Finksburg Cemetery	Finksburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 10-1951	Ray Fogle Dep. Reg.	John R. Byers	Westminster, Md.

920 438

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AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) 30 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) [illegible] P.O.

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) (Last) [illegible]			4. DATE OF DEATH (Month) August (Day) 5 (Year) 1951		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH May 15, 1876	9. AGE last birthday 75 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible]		11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME [illegible]			14. MOTHER'S MAIDEN NAME [illegible]		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]		16. SOCIAL SECURITY No. 215-05-1995	17. INFORMANT AND ADDRESS [illegible]		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
502.1	Immediate cause	(a) Coronary Artery Disease	1 wk
24a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 yrs.
		(c) Diverticulitis	5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None.	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None	(CITY OR TOWN) None	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? None		

22. I hereby certify that I attended the deceased from 10-16, 1943, to 8-5, 1951, that I last saw the deceased alive on 8-4, 1951, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples	M.D.	Reisterstown, Md.	Aug 6 '51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8-8-51	NAME OF CEMETERY OR CREMATORY New Orleans	LOCATION (City, town, or county) [illegible] (State) [illegible]
DATE REC'D BY LOCAL REG. Aug. 6, 1951	REGISTRAR'S SIGNATURE C. Harry [illegible]	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

904

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
AUG 7 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville RURAL
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 2252 Sidney Ave

3. NAME OF DECEASED (Type or Print) (First) THERESA (Middle) AGNES (Last) FORRESTER
4. DATE OF DEATH (Month) Aug. (Day) 13 (Year) 1951
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 11-6-85
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Louis Vogel
14. MOTHER'S MAIDEN NAME Laura Willeig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 20 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Indefinite

(c)

420.0 93.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Involutional melancholia, agitate type

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1951, to Aug. 13, 1951, that I last saw the deceased alive on Aug. 13, 1951, and that death occurred at 12:15 A.m. DST, from the causes and on the date stated above.

SIGNATURE Hearn C. A. Reed (Degree or title) ADDRESS Sykesville, Maryland Springfield State Hospital DATE SIGNED Aug. 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/15/51
NAME OF CEMETERY OR CREMATORY New Balto Nath Cem
LOCATION (City, town, or county) (State) 5500 Frederick Ave
DATE REC'D BY LOCAL REG. 8/13/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John J. Cowan & Son
ADDRESS 2 Collins St

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Carroll COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy — LENGTH OF STAY (in this place): 5 1/4 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Avenue	STREET ADDRESS (If rural, give location): Paradise Avenue

3. NAME OF DECEASED (Type or Print): (First) Augustus (Middle) Alvin (Last) Gosnell

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 20 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Gosnell

14. MOTHER'S MAIDEN NAME: Amelia Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Augustus A. Gosnell, Mt Airy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	more than 2 years
241 Antecedent cause(s)	(b) Bronchial asthma, chronic	more than 30 years
112 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Emphysema, pulmonary, severe	—

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Aug. 30, 1951, that I last saw the deceased alive on Aug 29, 1951, and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE: W.B. Culwell (Degree or title) M.D. — ADDRESS: Mt Airy, Md — DATE SIGNED: Aug 30, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9-1-1951 — NAME OF CEMETERY OR CREMATORY: Pine Grove — LOCATION (City, town, or county): Carroll Co. (State): Md.

DATE REC'D BY LOCAL REG: Aug 31/51 — REGISTRAR'S SIGNATURE: Wm D Douglas

24. FUNERAL DIRECTOR: E. M. Waltz — ADDRESS: Winfield Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07888

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) (Last) HAAS

4. DATE OF DEATH (Month) August (Day) 1 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH april 2, 1892
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rooter
10b. KIND OF BUSINESS OR INDUSTRY Rotting
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Christian HAAS
14. MOTHER'S MAIDEN NAME Minnie Altvater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 216-03-1720
17. INFORMANT AND ADDRESS Bessie M. HAAS Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis

151 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinoma stomach

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 4, 1951
19b. MAJOR FINDINGS OF OPERATION Primary Carcinoma Stomach c̄ generalized Metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1951, to Aug. 1, 1951, that I last saw the deceased alive on Aug 1, 1951, and that death occurred at 3:25 P m., from the causes and on the date stated above.

SIGNATURE Joseph E. Bush (Degree or title) MD ADDRESS Hampstead Md DATE SIGNED Aug 1, 1951

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE [illegible] NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State) Co Md

DATE REC'D BY LOCAL REG. Aug 3, 1951 REGISTRAR'S SIGNATURE John S. Hughes
24. FUNERAL DIRECTOR Edw Clifton, Hampstead Md ADDRESS 581[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 6 mos. 4 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore -1
STREET ADDRESS (If rural, give location) 745 W. Fairmount Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HAROLD	WILLIAM	HALL	August	9	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Negro	Sep.	SEPT. 29 1901	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or country)	12. CITIZEN OF WHAT COUNTRY?
Meat Packer	Corhan Hill	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hall	Mary Madden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	216-01-7193	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	October, 1950
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 5, 19 51, to Aug. 9, 1951, that I last saw the deceased alive on Aug. 9, 19 51, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or Title)	ADDRESS	DATE SIGNED
Elmer P. Krug	M.D.	Henryton, Maryland	8-9-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/14/51	Mt Calvary Cem	Annapolis Rd.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-9-51	Deputy Local	Adolphus Halstead	918 Druid Hill Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 3 yrs. 1 mo. 18 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 16
STREET ADDRESS (If rural, give location): 2011 E. Biddle Street

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) HARRIS

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Negr.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 31, 1894

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedor

10b. KIND OF BUSINESS OR INDUSTRY: Ship Yard

11. BIRTHPLACE (State or foreign country): Mecklenburg, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Malissa Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis	April 1948
2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1948, to Aug. 17, 1951, that I last saw the deceased alive on Aug. 17, 1951, and that death occurred at 9:35 P.m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lamm (Degree or title) M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 8-17-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8-21-51 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem. | LOCATION (City, town, or county) (State): A. A. Co., Md.

DATE REC'D BY LOCAL REG.: 8-17-51 | REGISTRAR'S SIGNATURE: Mildred K. Swanston Deputy Local | 24. FUNERAL DIRECTOR: Mrs. Robt. Elliott & Daughter | ADDRESS: 1129 N. Caroline St.

BOUND V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy; LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) NORMAN (Middle) C. (Last) HARRISON
4. DATE OF DEATH: (Month) AUG. (Day) 23 (Year) 1951
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word): divorced
8. DATE OF BIRTH: 7-8-1892
9. AGE Last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: self-employed
11. BIRTHPLACE (State or Foreign Country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George W. Harrison
14. MOTHER'S MAIDEN NAME: Lottie E. Hood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-16-0758
17. INFORMANT AND ADDRESS: Albert Harrison, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 10 Hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus

61 (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

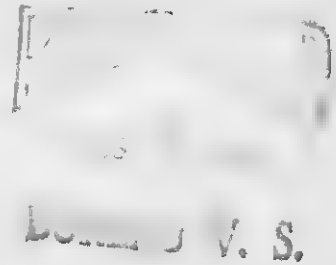
22. I hereby certify that I attended the deceased from Sept. 1, 1950, to Aug. 23, 1951, that I last saw the deceased alive on Aug. 23, 1951, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE: M. E. Robertson | (Degree or title) M.D. | ADDRESS: New Windsor, Md | DATE SIGNED: 8/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 8-27-1951 | NAME OF CEMETERY OR CREMATORY: Prospect | LOCATION (City, town, or county) (State): Frederick Co., Md.

DATE REC'D BY LOCAL REG.: 8-26-51 | REGISTRAR'S SIGNATURE: Wm W Snyder

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. | ADDRESS



92

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location) S. Main St.

3. NAME OF DECEASED (Type or Print) (First) NELLIE (Middle) VICTORY (Last) HOFFMAN

4. DATE OF DEATH (Month) Aug. (Day) 10 (Year) 1951

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 3-5-1889
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker
10b. KIND OF BUSINESS OR INDUSTRY Manchester Bank Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chris Schutkagle
14. MOTHER'S MAIDEN NAME Alice Hitzelberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-04-7733
17. INFORMANT Thelma Blizzard Manchester Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Breast

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with widespread metatasis

50 (c)

INTERVAL BETWEEN ONSET AND DEATH 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug - 1946
19b. MAJOR FINDINGS OF OPERATION Carcinoma Breast.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1947, to Aug 10, 1951, that I last saw the deceased alive on ~~Oct~~ Aug 9, 1951 and that death occurred at 6:25 A m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M.D. ADDRESS Manchester, Md. DATE SIGNED 8/10/1951

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8-13-1951 NAME OF CEMETERY OR CREMATORY Manchester Cemetery LOCATION (City, town, or county) Manchester (State) Md.

DATE REC'D BY LOCAL REG. 8/13/51 REGISTRAR'S SIGNATURE Mrs. W. R. Dennis
24. FUNERAL DIRECTOR H. Bankard & Son Westminster ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Re 07893

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-(AUG)-1

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore -30
STREET ADDRESS (If rural, give location): 71[illegible] S. Sharp Street

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) (Last) JACKSON (LA[illegible])

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 5

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: April 3, 1[illegible]

9. AGE last birthday: 35 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vegatable picker

10b. KIND OF BUSINESS OR INDUSTRY: Various farms

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknwon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknwon

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: October, 1950

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1951, to Aug. 4, 1951, that I last saw the deceased alive on Aug. 4, 1951, and that death occurred at [illegible] p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elmer P. Lawn M.D. Henryton, Maryland 8-4-51

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | 8/8/51 | Mt Auburn [illegible] | Balto Co Md

DATE REC'D BY LOCAL REG. 8-4-51 | REGISTRAR'S SIGNATURE Albert R. Trantham Deputy Local | 24. FUNERAL DIRECTOR L. L. Brown & Son | ADDRESS 105 W Montgomery St

820 105

RECEIVED
AUG 8 1991
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76 91

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. # 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R. F. D. # 4

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Rushin (Last) Logue

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 18, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew J. Logue

14. MOTHER'S MAIDEN NAME: Emily Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Mrs. Arthur Weaver R.4 Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma pancreas Carcinoma liver	? ?
157 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	?
469	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1940, 19....., to Aug 16, 1951, that I last saw the deceased alive on Aug 15, 1951, and that death occurred at 11:30 a m., from the causes and on the date stated above.

SIGNATURE: W. C. Jemmett M.D. (Degree or title) ADDRESS: Westminster Md DATE SIGNED: 8-16-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 19, 1951	Deer Park Cemetery	Smallwood	Md.

DATE REC'D BY LOCAL REG.: 8/19/51 REGISTRAR'S SIGNATURE: H. L. Woodward

24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.

1951

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Sykesville
LENGTH OF STAY (in this place) 3yrs. 3 mos 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Fairmont, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MELVINA (Middle) LENORA (Last) McGRATH
4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 1951
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 8/31/76
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Wesley
14. MOTHER'S MAIDEN NAME Alice Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk- (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH Indefinite

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic-depressive psychosis, hypomanic phase — 36 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13/, 1948 to 8/21, 1951, that I last saw the deceased alive on 8/21, 1951, and that death occurred at 1:10 A DST m., from the causes and on the date stated above.

SIGNATURE Henry C. Mead (Degree or title) ADDRESS M. D. Springfield State Hospital Sykesville, Maryland DATE SIGNED 8/21/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-25-51
NAME OF CEMETERY OR CREMATORY Roseville
LOCATION (City, town, or county) Linden, N. J. (State)
DATE REC'D BY LOCAL REG. Aug. 22, 1951
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Wilmington — LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Scarlett's Country Club —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessops Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) — (Last) MOORE
4. DATE OF DEATH (Month) Aug (Day) 16 (Year) 1951
5. SEX M.
6. COLOR OR RACE C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH ?
9. AGE last birthday 24 yrs. If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevedore
10b. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) Greenwood S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Tom Moore
14. MOTHER'S MAIDEN NAME Maudie Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. 249-36-3999
17. INFORMANT Willie Moore (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning — Minutes

929.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Swimming Pool — (CITY OR TOWN) Mt Wilmington (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) Aug (Day) 16 (Year) 1951 (Hour) 10:15 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Dived into 11 ft. water. Drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Marsh — (Degree or title) Deputy Medical Examiner — ADDRESS Wilmington Md — DATE SIGNED 8/17/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Aug 18.51 — NAME OF CEMETERY OR CREMATORY Arbutus Cemetery — LOCATION (City, town, or county) Arbutus Md. (State)
DATE REC'D BY LOCAL REG. 8/17/51 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Clarence & Katie Williams — ADDRESS 322 N. Schroeder St. Baltimore Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07897

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1yr. 2mths. 8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 99 East Street ✓

3. NAME OF DECEASED (Type or Print) (First) ADELE (Middle) JOHNSON (Last) OFFER
4. DATE OF DEATH (Month) Aug., (Day) 23 (Year) 1951
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 25, 1927
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tray Girl
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (State or foreign country) Atlantic City, N.J.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edgar Johnson
14. MOTHER'S MAIDEN NAME Priscilla Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis with laryngitis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002 X

13 ✓

INTERVAL BETWEEN ONSET AND DEATH Nov. 1949

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to Aug. 23, 1951, that I last saw the deceased alive on Aug. 23, 1951, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE T. F. Vestal (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 8/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-27-51
NAME OF CEMETERY OR CREMATORY St. Mary's Cem.
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. 8/23/51
REGISTRAR'S SIGNATURE Albert R. Swankbaum Deputy Local
24. FUNERAL DIRECTOR William Reese, Jr. ADDRESS Annapolis, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1 yr. 1 mo. 12 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31
STREET ADDRESS (If rural, give location) 409 N. Eden Street

3. NAME OF DECEASED (Type or Print) (First) TIMOTHY (Middle) (Last) PARSON
4. DATE OF DEATH (Month) August (Day) 7, (Year) 1951
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH March 19, 1916
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Manning S. Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Parson
14. MOTHER'S MAIDEN NAME Daisy Pearson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-16-5367
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 yr (c)

INTERVAL BETWEEN ONSET AND DEATH September, 1949

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1950, to Aug. 7, 1951, that I last saw the deceased alive on Aug. 7, 1951 and that death occurred at 1:15 a. m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sauer (Degree or title) MD ADDRESS Henryton, Maryland DATE SIGNED 8-7-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-12-51
NAME OF CEMETERY OR CREMATORY Hopkins Cemetery
LOCATION (City, town, or county) (State) Clarendon Co., S. Carolina

DATE REC'D BY LOCAL REG. 8-7-51
REGISTRAR'S SIGNATURE Albert R. Swankhaus
24. FUNERAL DIRECTOR C. M. Waltz - Winfield Md. ADDRESS

Deputy Local

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information refully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Taneytown
LENGTH OF STAY (in this place): 25years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Taneytown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles B. Reaver

4. DATE OF DEATH (Month) (Day) (Year): August 11, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: February 3, 1894

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Supply Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Retail Bldg. Supp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James B. Reaver

14. MOTHER'S MAIDEN NAME: Mary E. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Chas. B. Reaver, Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Artery Occlusion	45 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Angina Pectoris	10 yrs.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1941, to 8/11, 1951, that I last saw the deceased alive on 8/11, 1951, and that death occurred at 12:45a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. D. McVaugh M.D. Taneytown, Md. 8/11/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/14/51
NAME OF CEMETERY OR CREMATORY: Reformed Cemetery
LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REG.: August 13, 1951
REGISTRAR'S SIGNATURE: Ethel M Mehring
Local

24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

RECEIVED
MAR 15 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

900

Reg. Dist. No. 78

1. PLACE OF DEATH
COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mrs Laura (Middle) Williams (Last) Reindollar

4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1951

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Sept 28, 1850 | 9. AGE last birthday 100 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Levi T. Williams
14. MOTHER'S MAIDEN NAME Margaret Emmell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ---
17. INFORMANT AND ADDRESS Mary A. Reindollar Taneytown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senile debility — 1 yr

450.0 / 97 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria Sclerosis — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15th, 19 50., to Aug 18th, 19 51., that I last saw the deceased alive on Aug 15th, 19 51., and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE C. M. Benner M.D. (Degree or title) ADDRESS Taneytown Maryland DATE SIGNED Aug 20, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 21, 1951 | NAME OF CEMETERY OR CREMATORY Lutheran | LOCATION (City, town, or county) Taneytown, (State) Md.

DATE REC'D BY LOCAL REG. August 21, 1951 | REGISTRAR'S SIGNATURE Ethel M. Messing | 24. FUNERAL DIRECTOR C. O. Fuss & Son | ADDRESS Taneytown Md

VS-AR

1951
V. S.

901

76

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~76~~

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 35 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS 263 E. Main St/	STREET ADDRESS (If rural, give location) 263 E. Main St.

3. NAME OF DECEASED (Type or Print) (First) Katryna (Middle) Darms (Last) Schlosser			4. DATE OF DEATH (Month) Aug. (Day) 9 (Year) 1951		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Marries	8. DATE OF BIRTH Sept.2,1869	9. AGE last birthday 81 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Sauk City, Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Paul Darms		14. MOTHER'S MAIDEN NAME Charolette Richmueller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. ----------	17. INFORMANT AND ADDRESS Lydie M. Schlosser Westminster, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C-V disease c̄ Hypertension — year

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

43 d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Aug 9, 1951, that I last saw the deceased alive on 8-9, 1951, and that death occurred at 10:55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Marsh	M.D.	Westminster Md	8/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug.11,1951	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. Aug. 10-1951	REGISTRAR'S SIGNATURE C. Ray Fogle Dep. Reg.	24. FUNERAL DIRECTOR John R. Byers	ADDRESS Westminster, Md.

M

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VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 13 1951
BUREAU V. S.

902

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 8/25/38	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 6902 Harford Road

3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle) William	(Last) SCHNEIDER	4. DATE OF DEATH	(Month) August	(Day) 31	(Year) 1951
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 12/14/1880	9. AGE last birthday 70 yrs.	If under 1 year Months — Days —	If under 24 hrs. Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) boiler maker	10b. KIND OF BUSINESS OR INDUSTRY Work - ---	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? United States				
13. FATHER'S NAME Henry W. Schneider	14. MOTHER'S MAIDEN NAME Theresa Mabers						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Records - Springfield State Hospital					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	7 years
20 L V Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis	44 yrs.
30 C	(c) ---	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with central nervous system syphilis	25 yrs.

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---	(CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ---	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to August 30, 1951, that I last saw the deceased alive on August 30, 1951, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE: Martin Gross, M. D. (Degree or title) — ADDRESS: Sykesville, Md. — DATE SIGNED: 8/31/51

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9-4-51	NAME OF CEMETERY OR CREMATORY Fairwood	LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REG. Aug. 31, 1951	REGISTRAR'S SIGNATURE C. Harry Weber	24. FUNERAL DIRECTOR Donald J. Rusk - 5305 Harford Rd. Balto. Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Film 1136 10-1-51 ams

903

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 81 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 John Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 20 John Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WILLIAM THOMAS SINNOTT

4. DATE OF DEATH (Month) (Day) (Year) August 7, 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 3-1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Truck driver-Employee
10b. KIND OF BUSINESS OR INDUSTRY Lumber yard
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT CO[illegible] U.S.A.

13. FATHER'S NAME Thomas Sinnott
14. MOTHER'S MAIDEN NAME ~~Rose C. Seiter~~ Ann R. Frock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-07-9743
17. INFORMANT AND ADDRESS Mrs Michael McCaffrey 20 John St. Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 1 day

442 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artero Sclerotic Cardio Renal Disease

186a (c) II Fractured Hip Left. Prostatectomy & Removal Bladder Stone 1951

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from Aug 6, 1951, to Aug 7, 1951, that I last saw the deceased alive on Aug 6, 1951, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Speicher ADDRESS Westminster Md DATE SIGNED Aug 8/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 10-1951
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 8/8/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H Bankard Son Westminster, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07904

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 John St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 2 John Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Calvin (Last) Stonesifer
4. DATE OF DEATH (Month) Aug. (Day) 16 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 17 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer & Painter
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Stonesifer
14. MOTHER'S MAIDEN NAME Barbara Sickils

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Nettie Stonesifer 2 John St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) coronary occlusion	2 hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) obliterative arteriosclerosis	3 yrs
94a	(c) amputation of both legs (1 leg 1944 1 Dec. 1950)	9 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Aug. 16 1951, that I last saw the deceased alive on Aug. 13, 1951, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE E. Reese Wilkens (Degree or title) M.D. ADDRESS 7 Carroll Westminster DATE SIGNED 8/18/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 19th
NAME OF CEMETERY OR CREMATORY Union Mills Cemetery
LOCATION (City, town, or county) County (State) Md.

DATE REC'D BY LOCAL REG. 8/18/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H. Bankard & Son ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

905

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mr Carmel COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uppers (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) THEODORE (Middle) J (Last) TALBERT
4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1951
5. SEX W
6. COLOR OR RACE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept 4-1921
9. AGE last birthday 29 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank Talbert
14. MOTHER'S MAIDEN NAME Edna M Shaffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War #2
16. SOCIAL SECURITY NO. 213-10-1411
17. INFORMANT Mrs Theo J Talbert, Uppers Balto Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture skull; Crushing injury to chest - bilateral; ~~Hard~~ — INTERVAL BETWEEN ONSET AND DEATH: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Numerous comp. and Comminuted fractures - Third degree burns!

(c) Face, head & ch. chest. Airplane accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office/bldg., etc.) Charles Myers farm (CITY OR TOWN) Nr Hampstead (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) Aug (Day) 8 (Year) 1951 (Hour) 7:30 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Airplane he was piloting crashed

22. *I certify that I look charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 10/51
NAME OF CEMETERY OR CREMATORY Mr Carmel
LOCATION (City, town, or county) Balto Co Md (State)

DATE REC'D BY LOCAL REG. August 9, 1951
REGISTRAR'S SIGNATURE John S. Hughes
24. FUNERAL DIRECTOR [illegible] Hampstead ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115A

RECEIVED
AUG 12 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco — LENGTH OF STAY (in this place) 50 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Bertha	(Middle) Elizabeth	(Last) Taylor	4. DATE OF DEATH	(Month) August	(Day) 15	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb.8, 1879	9. AGE last birthday 72 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Reading, Penna	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME George W. McCloskey	14. MOTHER'S MAIDEN NAME Junk						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. ----------	17. INFORMANT AND ADDRESS Willard W. Taylor Patapsco, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute cardiac decompensation	36 hrs
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	17 days
82a	(c) arteriosclerosis	7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28, 1954, to 8-15, 1951, that I last saw the deceased alive on 8-15, 1951, and that death occurred at 3 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. R Foutz	MD.	Westminster Md	8-16 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Aug.18, 1951	Bethel Church of God	Carrollton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/17/51	[signature]	John R. Byers	Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1951
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY CARROLL; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville RURAL; LENGTH OF STAY (In this place) 1 yr. 10 mo. 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) Box 102 ✓

3. NAME OF DECEASED (Type or Print): (First) MARILLYN (Middle) E. R. (Last) VETTER (SEWARD)
4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1951
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 11-10-14
9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY: York -
11. BIRTHPLACE (State or foreign country): New Jersey, Kings County
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Vetter
14. MOTHER'S MAIDEN NAME: Blanche Reeder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk - (If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lobar Pneumonia	4 days
970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Barbiturate Poisoning	5 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home - Apt.
(CITY OR TOWN) Colesville (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 17 - 51 - m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Took over dose Phenobarb. Tab. & Mesaulon

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James T. Monk Deputy Medical Examiner, Upper Marlboro Md 8/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-25-51
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town, or county) (State): Hyattsville, Md.

DATE REC'D BY LOCAL REG.: Aug. 22, 1951
REGISTRAR'S SIGNATURE: C. Harry Ickes
24. FUNERAL DIRECTOR ADDRESS: H. Veach & Son - Hyattsville, Md.

908

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) about 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gorsuch Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster RD #4
STREET ADDRESS (If rural give location) Gorsuch Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) GEORGE MALANCHTON VALENTINE WANTZ

4. DATE OF DEATH (Month) (Day) (Year) Aug. 1 1951

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Jan. 17 1884
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wheel Wrigleyman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pleasant Valley Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert L. Wantz
14. MOTHER'S MAIDEN NAME Eliza Jane Fitze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs George M. V. Wantz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Hypostatic Pneumonia	3 days.
410 × Antecedent cause(s)			
92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Rheumatoid Arthritis	9 years.
	(c)	Chronic Mitral Regurgitation	4 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18th, 1951, to August 1st, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thurston Bass
ADDRESS Westminster Maryland
DATE SIGNED 8/1/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 3. 51
NAME OF CEMETERY OR CREMATORY Moravian Church Cem.
LOCATION (City, town, or county) (State) Gracehaven Fred. Co. Md

DATE REC'D BY LOCAL REG. 8/1/51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. E. Myers Jr.
ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
3 1951
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

309

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Mills — LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Mills
HOSPITAL OR INSTITUTION OR STREET ADDRESS MeadowView Convalesent Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) F	(Middle) Argoldia	(Last) Wetzel	4. DATE OF DEATH	(Month) August (Day) 24 (Year) 1951
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH May 7,1884	9. AGE last birthday 67 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jacob Koontz		14. MOTHER'S MAIDEN NAME Selina Myers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs.Nevin W.Legore Westminster R#1			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis —	6 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (Primary lesion not discovered)	
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Aug 24, 1951, that I last saw the deceased alive on Aug 4, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T Marsh	M. D.	Westminster Md	8/25/51

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Aug.27,1951	NAME OF CEMETERY OR CREMATORY St.Mary's	LOCATION (City, town, or county) (State) Silver Run, Md.
DATE REC'D BY LOCAL REG. 8/30/51	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR C.O.FUSS & SON	ADDRESS Taneytown,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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Vs A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Detour
LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Detour
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Irene (Middle) Stoner (Last) Weybright

4. DATE OF DEATH: (Month) August (Day) 7, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 12, 1867

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Stoner

14. MOTHER'S MAIDEN NAME: Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Ralph Weybright, Detour, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 2 wks.

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Cardio-vascular-renal disease — 1 yr.

131a (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Aug. 7, 1951, that I last saw the deceased alive on Aug. 6, 1951, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

M. Franklin Birch MD Thurmont Md. Aug. 7, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: August 9, 1951 — NAME OF CEMETERY OR CREMATORY: Bretheran Cemetery — LOCATION (City, town, or county) (State): Rocky Ridge, Maryland

DATE REC'D BY LOCAL REG.: August 7, 1951 — REGISTRAR'S SIGNATURE: Albert M. Melching

24. FUNERAL DIRECTOR — ADDRESS: C.O.Fuss & Son Taneytown, Maryland

VS. 4-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 1 mth. 26 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location): 104 E. Mulberry St.,

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) MAE (Last) WILLIAMS

4. DATE OF DEATH (Month) August (Day) 16, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec., 23, 1929

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hospital Attendent

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jackson, N. Caroline

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Robert Williams

14. MOTHER'S MAIDEN NAME: Johanna Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: December, 6

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1951, to Aug., 16, 1951, that I last saw the deceased alive on Aug., 16, 1951, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer (Degree or title) M.D. — ADDRESS: Henryton, Maryland — DATE SIGNED: 8/16/51

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 8-16-1951 — NAME OF CEMETERY OR CREMATORY: Weldon N.C. — LOCATION (City, town, or county) (State): Weldon N.C.

DATE REC'D BY LOCAL REG.: 8/16/51 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: A. Halstead — ADDRESS: 918 [illegible]

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07912

CERTIFICATE OF DEATH

Reg. Dist. No. 71

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; Westminster
LENGTH OF STAY (in this place) 10 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rowe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) near Uniontown

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) BLANCHE (Last) WILLIAMSON

4. DATE OF DEATH: (Month) Aug (Day) 3 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 22 1868

9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Schluicke

14. MOTHER'S MAIDEN NAME: Caroline Elizabeth Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Riley S. Williamson, 614 Dundalk Rd. Baltimore 22 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis, (chr) Nephritis, (chr) — Interval between onset and death: years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertension — years

592X 1310 — (c) Uremia — 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1941, to Aug 3, 1951, that I last saw the deceased alive on Aug 2, 1951, and that death occurred at 10:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. C. Jennette M.D. Westminster Md 8-3-51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug 6-51

NAME OF CEMETERY OR CREMATORY: Trinity Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. Aug 5/51

REGISTRAR'S SIGNATURE: Margaret V. Englar

24. FUNERAL DIRECTOR: J. E. Myers, Jr.

ADDRESS: Westminster Md

RECEIVED
AUG 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07913

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester; LENGTH OF STAY (in this place) 3 Day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Lang View nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester; STREET ADDRESS (If rural give location) York St

3. NAME OF DECEASED (Type or Print): (First) Jacob; (Middle) R. L.; (Last) Wink.

4. DATE OF DEATH: (Month) Aug.; (Day) 14; (Year) 1951

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/12/80

9. AGE last birthday: 70 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Undertaker

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Wink

14. MOTHER'S MAIDEN NAME: Annie Belchman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Treva B. Wink Manchester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	2 Months
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	8 yrs
83a	(c) Arteriosclerosis generalized	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1948, to Aug 14, 1951, that I last saw the deceased alive on Aug 14, 1951, and that death occurred at 6:35 A m., from the causes and on the date stated above.

SIGNATURE: W. H. Hoard (Degree or title) M.D ADDRESS Manchester, Md DATE SIGNED 8/15/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/18/51

NAME OF CEMETERY OR CREMATORY: Manchester Cem

LOCATION (City, town, or county) (State): Manchester Carroll Co Md

DATE REC'D BY LOCAL REG. 8/16/51

REGISTRAR'S SIGNATURE: Mrs. W. L. Lemmer

24. FUNERAL DIRECTOR: Rudolph B Wink ADDRESS 05484 Manchester Md

RECEIVED
AUG 21 1951
BUREAU V. S.